



**Home & Community
Care Ireland**

HCCI Home Care Data Series

Home Support Waiting List in 2024

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HCCI Home Care Data Series

Waiting Lists in 2024

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About the HCCI Home Care Data Series

The HCCI Home Care Data Series is the definitive source for information and statistics on the Irish home care sector. Using data from a variety of sources including parliamentary questions, HSE publications and sectoral reports, the HCCI Data Series is an accessible and insightful study of key statistics in home care.

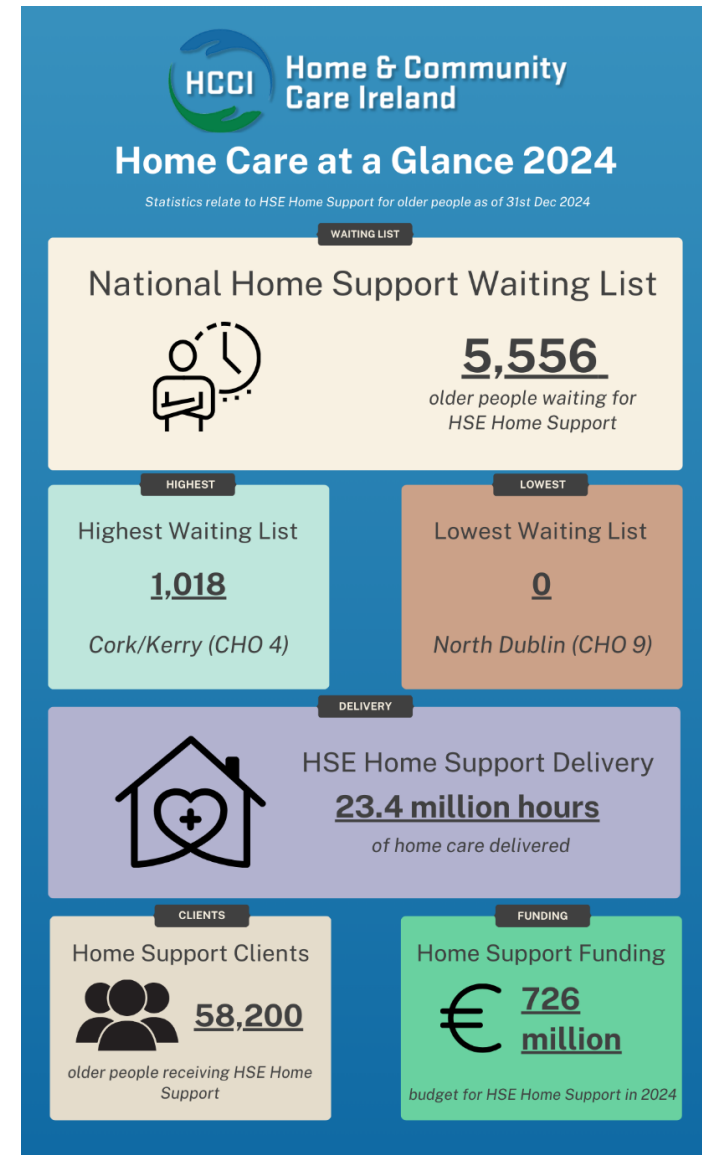


Table 1 – Source: PQ 3331/25 & HSE National Service Plan 2025

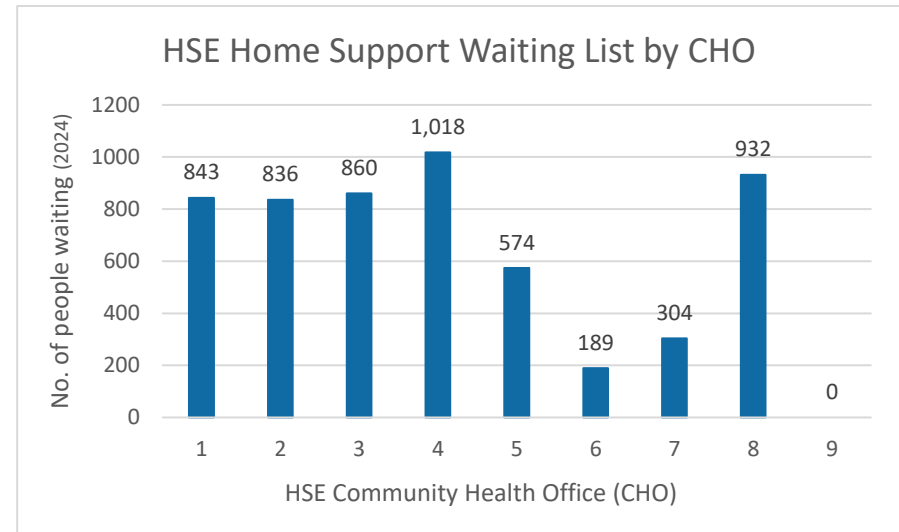
HSE Home Support Waiting List in 2024

Waiting Lists at a Glance

5,556 older people were waiting for HSE Home Support as of December 31st, 2024. This modest reduction of 307 (5%) since December 2023 coincides with a 5% growth in the delivery of home support hours (up to 23.4M hours) and similar increase in the number of older people receiving home care (now 58,200).

High waiting lists in rural areas show a continuation of the Eircode Lottery of home care that has persisted in recent years.

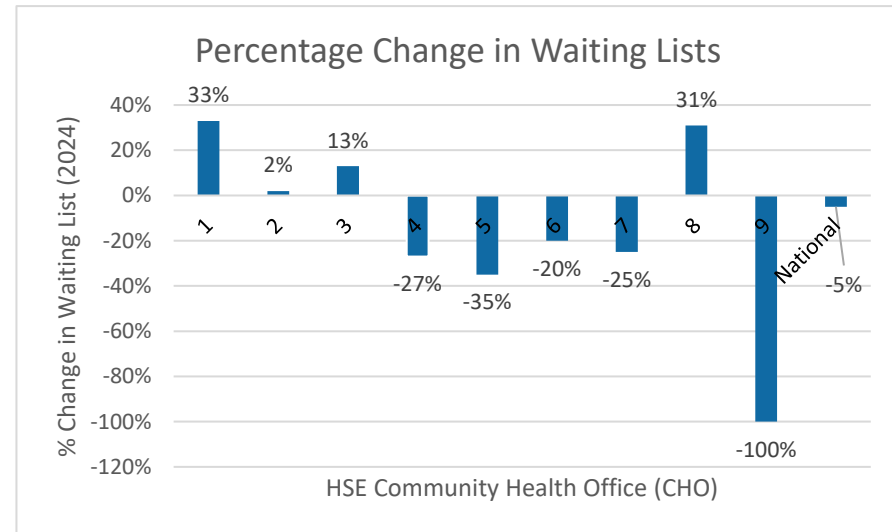
Cork & Kerry (CHO 4) continues to have the highest waiting list (1,018) with counties including **Limerick, Clare, Galway & Mayo** seeing increases as the waiting lists in both CHO 2 & 3 nears 1,000.



Graph 1 - The stark divide between waiting lists in Dublin (CHO 6, 7 & 9) and the rest of Ireland worsened in 2024.

Dublin continues to reduce its waiting lists, with **North Dublin** (CHO 9) keeping its waiting list below 10 in each month of 2024 and waiting lists dropping by more than 20% in the rest of the capital.

Waiting lists also rose in CHOs 1 & 8 after the HSE rationed care in both areas. These CHOs – which cover **Cavan, Donegal, Laois, Leitrim, Longford, Louth, Meath, Monaghan, Offaly, Sligo & Westmeath** – were both forced to cease issuing most new home care packages due to budget reasons and, collectively, saw waiting lists increase by over 400 people in twelve months.



Graph 2 – Although the overall national waiting list declined by 5%, the waiting list increased in most counties. Dublin continues to have low waiting lists while CHO 4 & 5 achieved good reductions after struggling with high waiting lists for several years. This reduction was offset by increases in CHO 1 & CHO 8. The percentage increase was smaller in CHOs 2 & 3, although both have waiting lists above 800.

Highs & Lows - Waiting Lists by CHO

Highest Waiting List – Cork/Kerry (CHO 4)

Cork/Kerry continues to have the highest waiting list in the country, a position it’s held since 2022. In 2024, the waiting list was reduced by a welcome 27%, but CHO 4 still accounts for 18% of the national waiting list and has more than 1,000 older people waiting for home care.

Biggest Increases – Border, Midlands and Northwest

(CHO 1 & 8)

Older people in need of home care suffered in **Cavan, Donegal, Laois, Leitrim, Longford, Louth, Meath, Monaghan, Offaly, Sligo & Westmeath** as waiting lists rose by more than 30% in CHO 1 & 8, to 843 and 932 respectively. The HSE were forced to

HSE Home Support Waiting List by CHO				
CHO	LHO (Counties)	Dec-23	Dec-24	Change since 2023
CHO 1	Cavan/Monaghan, Donegal, Sligo/Leitrim	632	843	+211 (+33%)
CHO 2	Galway, Mayo, Roscommon	821	836	+15 (+2%)
CHO 3	Clare, Limerick, North Tipp/East Limerick	761	860	+99 (+13%)
CHO 4	Kerry, North Cork, North Lee, South Lee, West Cork	1,400	1,018	-382 (-27%)
CHO 5	Carlow/Kilkenny, South Tipp, Waterford, Wexford	877	574	-303 (-35%)
CHO 6	Dublin SE, Dún Laoghaire, Wicklow	235	189	-46 (-20%)
CHO 7	Dublin South City, Dub SW, Dub West, Kildare/West Wicklow	406	304	-102 (-25%)
CHO 8	Laois/Offaly, Longford/Westmeath, Louth, Meath	712	932	+220 (+31%)
CHO 9	Dub North, Dub North Central, Dub NW	19	0	-19 (-100%)
National	All	5,863	5,556	-307 (-5%)

Table 2 – Source: PQ 3331/25

ration home support in both regions to maintain financial stability. ([More information on care rationing in the next section.](#))

Lowest Waiting List – North Dublin (CHO 9)

Dublin maintains its enviable record of low and decreasing waiting lists, with **North Dublin** (CHO 9) recording zero people waiting for home care for five months of 2024 and never exceeding 10 people waiting. Waiting lists also decreased by more than 20% in the other **Dublin** CHOs (6 & 7).

Most Improved Waiting List – Southeast (CHO 5)

After successive years of chronic waiting lists, counties **Carlow, Kilkenny, Waterford & Wexford** benefited from a 35% reduction in its waiting list. At 574, the waiting list for CHO 5 is at its lowest on record.

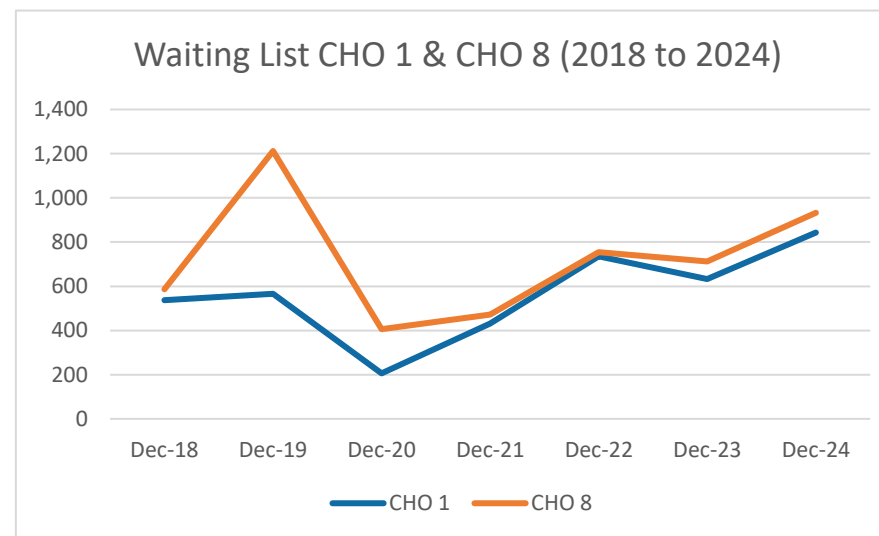
Key Insights from Waiting Lists in 2024

Home Care Rationing Puts a Spotlight on CHOs

CHO 1 & 8 were both forced to ration home care for financial reasons in the second half of 2024, with new home care packages only being allocated when an existing client ceased using home care. This care rationing drove high increases of more than 30% in the waiting list for **Cavan, Donegal, Laois, Leitrim, Longford, Louth, Meath, Monaghan, Offaly, Sligo & Westmeath.**

At time of publication, HCCI understands that normal service levels are resuming in both CHOs. However, we are concerned that this could create a worrying new reality where home care can be withdrawn without any public engagement, forcing older people to languish in hospitals and respite care for an

indeterminable amount of time. The true impact of cost rationing on the health and quality of life of older people in CHO 1 & 8 will not be known for several months and more care rationing is possible in 2025.



Graph 3 – Waiting lists increased by more than 30% in CHO 1 & CHO 8 in 2024

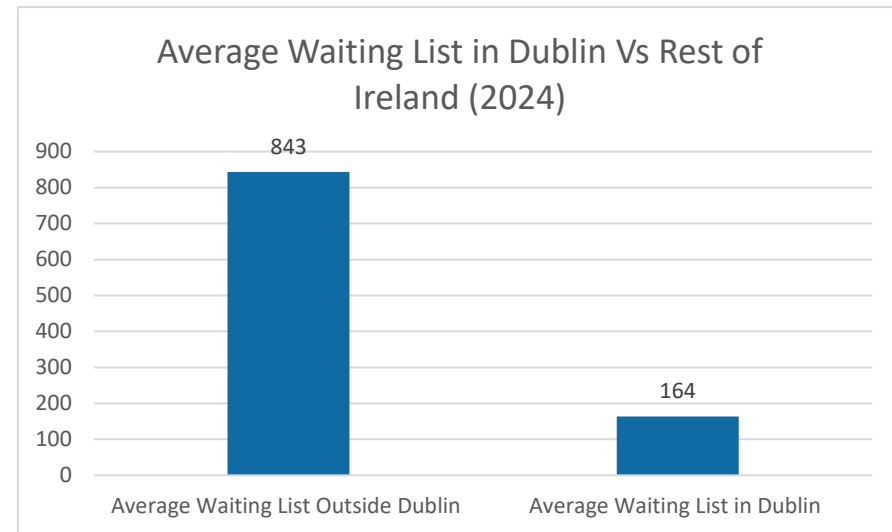
Waiting Lists in Rural Ireland Grows

Now more than ever, where a person lives determines their access to home care. 2024 further embedded the Eircode Lottery of home care access with high waiting lists remaining a chronic problem in rural counties even as **Dublin** continues to increase delivery and reduce waiting lists.

Effectively all of **Munster, Connaught and Ulster** suffer from high waiting lists for home care and counties like **Clare, Galway, Limerick & Mayo** faced increases in 2024 (along with the counties mentioned earlier who suffered care rationing).

High waiting lists have been a clear and growing problem since 2022, and targeted interventions will be needed in 2025 to stop this trend.

Waiting lists outside of Dublin are more than 5x higher on average than in the capital.



Graph 4 – The average waiting list for CHOs outside of Dublin (CHOs 1, 2, 3, 4, 5 & 8) is 843 as of Dec 31st, 2024, compared to just 164 in the 3 Dublin CHOs (6, 7 & 9) highlighting the stark divide in accessing home care.

Time to Learn Lessons from Dublin

The three **Dublin** CHOs (6, 7 & 9, which includes **Kildare & Wicklow**) achieved further reductions in their waiting lists, growing the gap between **Dublin** and the rest of Ireland.

Collectively, these CHOs (6, 7 & 9) have a population of over 1.8m and a waiting list of 493, which is lower than any other entire CHO in Ireland.

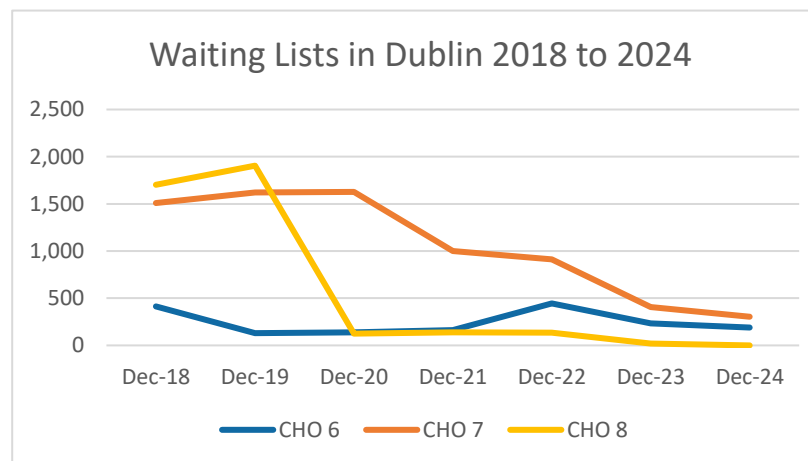
The trend of waiting lists growing in rural Ireland and decreasing in **Dublin** has been clear since 2022. Despite this, the HSE have been slow to apply learnings from Dublin onto other CHOs.

Dublin benefits from having 100% independent sector delivery meaning that a home care package is often delivered by one provider. In most of the country, the HSE operate a Monday to Friday delivery schedule and rely on an independent provider to deliver care at unsociable hours on the weekends and late

evenings. This limits client choice, affects continuity of care and discourages independent providers entry into the market.

It is demonstrably clear that independent providers have responded better to overall funding increases since 2021 by recruiting more staff and delivering more hours than the HSE.

This has created a two-tier home care sector where Dublin is thriving (relatively speaking) while the rest of the country struggles.



Graph 5 – Prior to Covid-19, Dublin had the highest waiting lists in Ireland. This graph shows a remarkable reduction since 2020.

Policy Recommendations to Tackle Waiting Lists

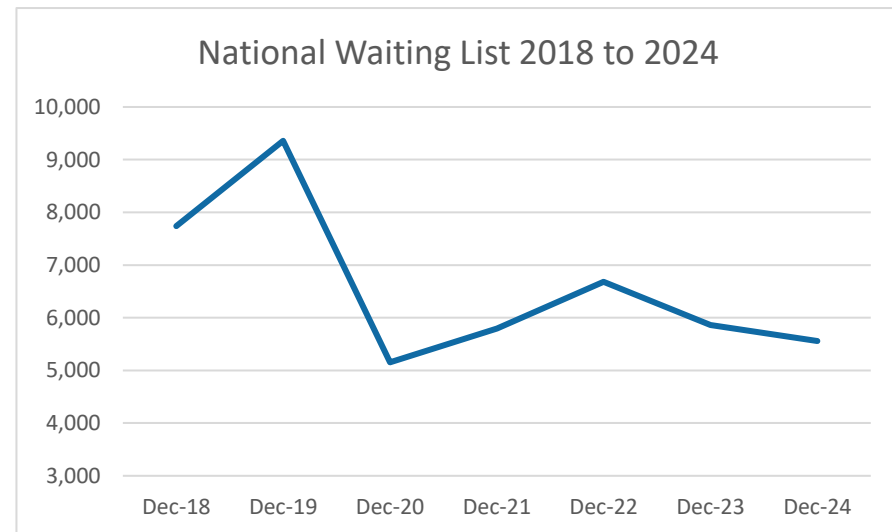
Lists

Alongside the Statutory Home Support Scheme, waiting lists are the most prominent home care issue discussed in politics and the media. Over 5,000 people are impacted by waiting lists, with knock-on effects across hospitals and primary care. Yet, there is insufficient policy focus on waiting lists and worrying lack of interventions to date.

There is perhaps a misconception that increased investment and a growth in the delivery of home care hours will automatically reduce waiting lists. Statistics since 2021 proves this to be incorrect. Increased investment has brought down waiting lists in areas like Dublin but made only a small impact in Cork. The failure of many CHOs to meaningfully tackle waiting

lists is evidence that targeted waiting list reduction interventions are needed.

This section includes details of such measures including: targeted funding; a waiting list taskforce with reduction targets; developing a workforce strategy; and encouraging independent providers into the area.



Graph 6 – Trends indicate that waiting lists will stay above 5,000 under current home care policies.

Targeted Funding for Rural Home Care Delivery

Delivering home care to rural areas is fundamentally more challenging than in urban areas; long distances spent travelling to clients adds to cost and there is a smaller supply of both providers and carers. Delivering home care in rural areas requires strong incentives. We can learn from Australia which has developed a model that pays additional expenses depending on the remoteness of an area.

Design a Home Care Workforce Strategy to Add Capacity to the Sector

Overall growth in the home care sector in recent years indicates that recruitment and retention of home carers has improved. However, waiting lists show there is an undersupply of carers today and a recent KPMG report on behalf of the [Department of](#)

[Enterprise, Trade and Employment](#) projected an undersupply of 54,000 healthcare assistants (including home carers) by 2036.

A home care workforce strategy should include: forecasts for home care demand and targets for home care workers; ensure that they are paid at National Living Wage as a minimum; receive mileage and travel payments; have a career structure that rewards training and progression; and should remove barriers to entry for HCWs, including reform of the state benefits system.

Establish a Waiting List Reduction Taskforce & Develop an Action Plan

There is a clear need to examine relative performance of CHOs so that areas with high waiting lists can learn from those with low ones. A taskforce made up of key stakeholders in the public and independent home care sector could develop an

evidence-based action plan to reduce waiting lists, inspired by the [Waiting List Action Plan 2025](#) for hospital care and the [Productivity and Savings Taskforce](#) that has focused on acute and primary care to date.

Include Waiting List Reduction Targets in the HSE's National Service Plan

Waiting lists are not featured in the HSE's National Service Plan and, as such, CHOs have no KPIs or targets to bring waiting lists down. An ageing population means that increasing the amount of home care hours delivered does not mean that waiting lists will automatically reduce.

The shortage of HCWs has also become an excuse for high waiting lists and the HSE's failure to strategically plan for its workforce. Introducing waiting list targets would put on onus on

the HSE to intervene and implement waiting list reduction measures.

Encourage Rural Providers into Home Care Blackspots

In areas where the HSE delivers the majority of home care, independent providers are offered small ad-hoc home care packages, often on a temporary basis. This discourages independent providers from operating in that area and puts a reliance on the HSE to deliver all home care hours.

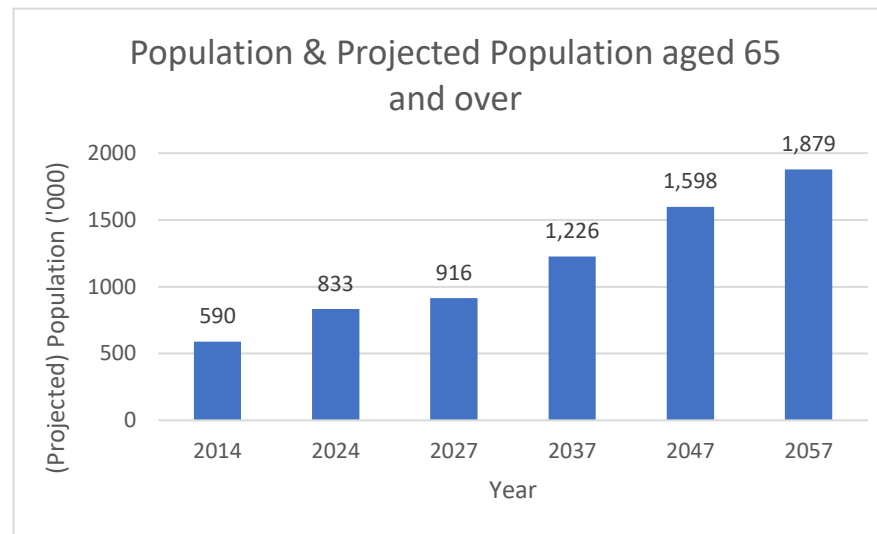
As shown in this report, the ad-hoc relationship between the HSE and independent providers can lead to high waiting lists when the HSE lack capacity and there is not a large independent sector presence in the area.

HCCI propose a more structured partnership between the HSE, Government and independent providers to tackle waiting list

blackspots. This could include a set number of hours being allocated to independent providers in return for assurances that there will be capacity to deliver those home care packages and get older people off the waiting list.

Further work will be needed to develop and refine the optimal policy response but this cannot be done without the independent sector’s involvement.

Ireland is ageing quickly, with the number of over 65’s set to double by 2051



Graph 7 – The number of over 65s has increased by 41% to 833,000 since 2013.

With the CSO projecting that the number of over-65’s will double by 2051, it is critical that waiting lists (and other home care reforms) are taken seriously by policymakers.

Conclusion

Transparency & Accountability Key to Tackling Waiting Lists

In responses to Parliamentary Questions (PQs) on home care waiting lists, the HSE cite staff shortages and an ageing population as the main reason for waiting lists. This is partly true as both factors do contribute to waiting lists (although they could have been, and can be, managed with better strategic planning). Nevertheless, this report raises additional questions which requires more in-depth analysis of the factors that contribute to waiting lists.

Firstly, if the waiting list is zero in **North Dublin (CHO 9)**, why can't it be zero in other parts of the country? Dublin has a highly competitive jobs market (which means it's expensive) and the

same ageing population, but has achieved monumental improvements bringing its waiting lists down from over 1,900 to 0 in five years. Other CHOs should follow this blueprint if they truly want to prioritise reducing waiting lists.

Learning from this example, there should be accountability for failing to reduce high waiting lists. This is particularly important considering the additional investment in home care in recent years. This accountability can be achieved by including targets or KPIs in the HSE's National Service Plan (NSP). This would put on onus on HSE managers to investigate barriers and prioritise waiting list reduction measures.

The care rationing seen in **Cavan, Donegal, Laois, Leitrim, Longford, Louth, Meath, Monaghan, Offaly, Sligo & Westmeath** has re-introduced funding shortages and financial controls as potential causes of waiting lists.

The HSE have not publicly addressed care rationing in either CHO 1 or CHO 8 which, in effect, withdrew large parts of a vital service from eleven counties without telling people. The HSE could well do this again in 2025 without public notice or consultation. There is an urgent need for the HSE to address this lack of transparency and confront this worrying new paradigm of care rationing in home support.

More transparency is needed in how the HSE reports and publishes waiting list data. Currently, waiting list data must be accessed by asking a TD to submit a PQ. The responses are then published by the HSE, long after the question is answered, in a manner inaccessible to most. This contrasts negatively with hospital care where data like waiting lists are reported monthly by the Department of Health.

HCCI believe that if more people knew they were impacted by high waiting lists, it would prompt more political attention and more targeted action to tackle them. This is a core aim of the HCCI Home Care Data Series.

In conclusion, the fact that over 5,500 people are waiting for home care represents a failure in home care policy, particularly given the more than €400 million in additional investment since 2018.

Home care trends have been consistent since 2022; waiting lists in Dublin decline as independent providers are successful in adding capacity while, in rural Ireland, modest reductions in one area are offset by increases in another area.

There is no indication these trends will change under existing home care policy which does not account for challenges

delivering rural home care nor facilitate the flexibility or strategic planning that is necessary to meaningfully reduce waiting lists.

Dublin's ability to reduce waiting lists should give hope that a near zero national waiting list for home care is possible.

Achieving a near zero national waiting list requires more transparency across the sector, and for HSE managers and independent providers to be accountable for strategic planning, delivery and waiting list reductions.

Most importantly, given Ireland's rapidly ageing population, policymakers must treat home care like housing and abandon ideologically opposition and any historical bias against independent providers. What we need is a partnership based on an evidence-based system; one that maximises capacity and delivers home care to everyone who needs it.